

INDEX OF DOCUMENTS
CONSUMER TASK FORCE
OCTOBER 24, 2006

PROJECT UPDATES FOR OCTOBER

2007 TASK FORCE MEETING SCHEDULE

**SINGLE POINT OF ENTRY SEPTEMBER QUESTIONS &
ANSWERS**

**NOTICE OF NOVEMBER SINGLE POINT OF ENTRY
INFORMATIONAL FORUM**

**DEFICIT REDUCTION ACT-MONEY FOLLOWS THE
PERSON GRANT PROPOSAL SUMMARY 10-2006**

**DRA-MFP REVISED APPLICATION TEMPLATES
DRAFT 10-2006**

Long-Term Care Supports & Services Advisory Commission October 2006

Commission reconvened on September 25, 2006 after taking summer months off. Commissioner Linda Mulligan, who represented consumers, resigned due to personal reasons. A replacement has not been named.

An update on the single point of entry demonstration projects was provided with focus on evaluation. The Office of LTC Supports and Services (OLTCSS) is contracting with an outside evaluator to assist with design. A subcommittee of Commission members will assist in the design process. Subcommittee members include Roanne Chaney, Andrew Farmer, Marsha Moers, Toni Wilson, and a representative from DHS.

Commissioners were asked to provide input on the 2007 Long Term Care conference. Interest was expressed in holding the conference in another geographic region of the state. Commissioners were asked to provide ideas for location, breakout session and presenters/speakers. There was discussion regarding the potential for holding that month's Commission meeting or a public hearing/input session prior to the conference at the same facility.

Commission is considering a retreat as a means to ensure that individual Commissioners have an understanding of the issues and their role in addressing them, develop a work plan, establish priorities and determine where to focus their efforts in the upcoming year. A facilitator will be used to structure the debate and assure outcomes. A retreat planning subcommittee consisting of Executive Committee members and Michael Head will work on planning this event.

For the first time, there were no public comments provided at the meeting.

Commissioners are charting progress made in implementing TF recommendations. Completed documents will be a focus of discussion at the next meeting and will also be used as the basis for discussion at the retreat.

Commissioners were provided a summary of the upcoming DRA/MFP grant opportunity and expressed support for the Office pursuing the grant.

An update was provided on the MSHDA Affordable Assisted Living Initiative which is intended to combine affordable housing with supportive services to allow aging in place. The project is targeted to the elderly. Concept papers must indicate how housing will incorporate person-centered planning and work with local systems to ensure informed consumer choice. Commission members expressed concern over the apparent segregation of the elderly from those with disabilities. They were supportive of provisions that allow individuals to leave the facility/setting and take their benefit (waiver slot) with them.

The next Commission meeting is October 23, from 1:00 – 4:00 p.m. at the Michigan Home Health Association, 2140 University Park Drive, Suite 220, Okemos.

Independence Plus and Money Follows the Person Projects October, 2006

The Center for Medicare and Medicaid Services has granted a 12 month extension for both of the grants, enabling a continuation of effort to support the implementation of Self-Determination in Michigan.

Recent activities include a two-day training called, “**Training for Fiscal Intermediaries (and Those Who Work With Them)**”. Susan Flanagan, a national expert provided this training to 85 individuals, who are current fiscal intermediary entities, finance staff from CMH’s, staff from MI-Choice Providers, Single Point of Entry sites and MDCH staff. Dr. Flanagan presented an up-to-date summary of the role, responsibilities, operations and processes, as well as an overview of the Philosophy of Self-Direction and a readiness review process. Participant feedback was positive for this event.

Another two-day training event on “**Person-Centered Thinking Tools**”, led by Michael Smull was attended by 35 participants in Lansing. This event covered the applications of person-centered thinking tools to develop detailed plans for elders and individuals with disabilities. Participants were from the Mi-Choice and SPE sites, who are implementing Person-Centered Planning at this time. People left this event with a personal plan facilitated by another participant.

The “**Employing, Supporting and Retaining Your Personal Assistants Train-the-Trainer Workshop**” has completed 4 of the 8 scheduled sessions, meeting in Allegan County. Twenty of the twenty-two program participants enrolled are still participating. Our plan with this contract with the Paraprofessional Healthcare Institute is to use a train-the-trainer model to develop local training capacity, utilizing trainer pairs of staff and consumers. Based on participation and feedback, the curriculum seems to meet the need as far as content, format and complexity. The course is seemingly appropriate for both MI and DD consumers; staff with little or lots of training experience. The utility of this curriculum for the MI Choice Self-Determination in LTC application is an open question that we will address.

At this time, a workgroup to write a new waiver is re-convening to write a waiver request for a combined 1915(b)(c) waiver for Michigan. Staff and consumers worked on this effort during 2005 to begin to frame the concepts, identify the tasks, and come into agreement on the benefits and overall approach to this large task. Please reference the attached sheet to learn more about this project.

Draft documents describing the policy and practice guidelines for person-centered planning in community based long-term care are being developed for the SPE and Mi-Choice services. These documents will be out for review and comment within a couple of weeks.

Self- Determination in Long Term Care Project October 2006

We are waiting to hear from CMS about our request to amend to amend the MI Choice Waiver to allow self-determination. It has been discussed with Paul Reinhardt and we have his support.

Training sessions on person centered planning and fiscal management were held during the last week of September. Both were well received by waiver agent staff.

Policy and practice guidelines for Person Centered Planning are almost ready for review.

The quality measurement process and the phase in plan for the rest of the state are the priorities being addressed at this time.

Next steps include distributing information to potential participants, conducting person centered planning, conducting readiness reviews with fiscal intermediaries, developing individual budgets with participants, communicating with service providers and developing policies and guidelines. Training waiver staff is an on-going process.

October begins the final year of the grant funding from Robert Wood Johnson. We will apply for a six- month extension. My annual report to RWJ will be available at the next CTF meeting.

ACTION/ASSISTANCE ITEMS

Your feedback on the technical assistance pieces distributed last month is still welcome appreciated. Please review and give feedback to Tari.

Michigan Quality Community Care Council

September 2006

Overview of Year

We have just finished our second full fiscal year of operations. We have achieved our goal for this year which was to make it possible for providers from every county in the state to participate in our registry. While we do not have approved providers in every county, we have offered Introductory Sessions in every county where we have had any provider response.

Registry Update

As of September 30, 2006, here are the statistics:

Providers responding to Brochure: 1786
Number of Introductory Sessions Held: 129
Total # of Providers at Introductory Sessions: 549
Number of Approved Providers: 373
Number of Providers with Approval Pending: 55
Number of Providers Denied: 32
Number of Consumers Served: 230
Number of Referrals Made: 1571

Number of Counties with Approved Providers: 60

Number of Counties without Approved Providers*: 23

- 11 counties where we have tried but been unsuccessful in getting providers to Introductory Sessions for a variety of reasons
- 7 counties have providers pending approval
- 4 counties have had no response to the mailing
- 1 county had a provider who then took another job and became inactive

**These are counties where we haven't been able to get a provider from the county. We have providers from other counties who are willing to work in more than one county with the result that only eight counties have no providers available on the registry at all.*

Other

We have met with all of the DHS County Offices in the state.

We have met with or have meetings scheduled with 8 Area Agencies on Aging to let them know how the Registry works and how to refer consumers to it.

We have meetings scheduled with 3 Centers for Independent Living.

We are beginning our outreach to Senior Centers and Commissions on Aging.

We have been fortunate to work with our dedicated colleagues in DCH, DHS, and DIT to implement some of the time-sensitive conditions of the collective bargaining agreement. So far, <http://my.ebay.com/ws/eBayISAPI.dll?MyeBay> the implementation is going smoothly.

87 Providers have received the intensive 8 hour Dementia Training on called Working with People with Dementia: Environmental and Communication

Strategies. This is made possible through a federal grant received by the Department of Community Health's Bureau of Mental Health and Substance Abuse. The grant provides the funding for the instructor and materials; the State has matching funds for respite care if a provider needs that to allow them to attend the training; the QC3 provides small stipends and lunch for the attendees. These trainings were in Flint and Lansing this year to comply with the grant requirements. They will be in Detroit and Grand Rapids next year. These trainings consistently receive rave evaluations for content and presenter.

12 Providers attended the Michigan Alliance of Direct Support Professionals Forum.

140 Providers have attended the 8 hour training on Adult Abuse and Neglect Prevention. Free Adult Abuse and Neglect Prevention (AANP) trainings are being made available to 11,000 direct access staff caring for vulnerable adults across all long-term care healthcare settings, through the Michigan Office of Services to the Aging in conjunction with BEAM, a culture change leader. This innovative pilot program offers valuable information on identifying the forms of abuse, how to report suspected abuse and how to prevent abuse of vulnerable adults. Trainings are already underway and will continue through the spring of 2007.

These free trainings are being made available to direct access staff in Southwest MI, Southeast MI, Flint/Bay City/Saginaw, and the UP. Effective February, 2007, trainings will be available state-wide!

This training provides information specific to:

- Recognizing situations and triggers that could lead to abuse;
- Identifying potential situations of abuse, neglect, and/or misappropriation of property; and
- Implementing practical tools to aid in preventing potential abuse, neglect, and/or misappropriation of property thus ensuring that participants will know the designated avenues for reporting suspected abuse, neglect, and/or misappropriation of property.

Looking Forward

In this next fiscal year we will continue to work on increasing the number of providers that are on the registry in each county, until the available pool meets the consumer need in that county, through mailings and outreach. We will continue to make available the current training programs mentioned above and look for ways to increase training opportunities by networking with other organizations and seeking grants to fund specific training needs. We will be further developing our Provider Peer Mentor program and will get our Consumer Peer Mentor program up and running. We will partner with other organizations to provide tax preparation assistance to Home Help Providers. Additionally we will continue to work closely with State Departments on the development of policy for an Emergency Provider program, a Backup Provider program and enhanced Criminal History Checks for Home Help Providers on the registry and when requested by Consumers.

Medicaid Infrastructure Grant (MIG)

October 23, 2006

There are presently 825 Freedom to Work (FTW) participants. This is a rebound from a slight drop in last month's number.

MIG outreach: Marty had a display booth at the September 29, correctional re-entry conference in Grand Rapids. He noted that this allowed him to interact with over 50 providers from the Grand Rapids area and will lead to presentations at local agencies and providers. October outreach presently includes the following:

- Collaborative presentations in Holland, Muskegon, and Flint.
- Community based/agency outreach in Kalamazoo, Brighton, and Sanilac.

The personal care services state plan amendment was submitted to CMS on September 28, 2006. A policy bulletin is drafted and is being revised. We are now waiting for CMS to pose questions about this bulletin before it's approved.

Joe Longcor and Tony Wong will be attending the National Business Leadership Network (BLN) Conference in Minneapolis, MN on October 4-6, to further understand how the MIG and MiJob Coalition may better work with employers. Presentations were provided by several states where the MIG was closely involved with the BLN in their state. Key themes shared by employers included:

- "...it (employing a diverse work force) just makes good business sense."
- In Joe's words...employers don't want to be bombarded by lots of job developers, coaches, etc.

MIG staff is going to Chicago in early November to attend a conference hosted by the National Consortium for Health Systems Development (the MIG technical assistance provider). In addition, there will be a 1 ½ day meeting with CMS focused on the topic of resource/research development and analysis.

MIG staff will also be attending the MARO conference in mid-November.

Single Point of Entry October Activities

Information and Assistance service was started in all four regions. The number is 1-866-642-4582

It was agreed we will use Michigan's Long Term Care Connections (MLTCC) as our name. Each region can then use their geographic area ie. West Michigan Long Term Care Connection etc.

Management Information System Licenses for each site have been purchased and a training site for Service Point has been developed. Staff can begin learning how to use the system. There will also be a 3 day training for agency administrators, who will learn how to run the program and develop reports.

The Interagency workgroup department heads (MDCH, MDHS, OSA) have all signed a Memorandum of Understanding, which makes a commitment to work together to make the SPE successful. The group is working on changes to Level of Care Determinations (LOC) procedures. In addition, some discussion to identifying benchmarks, so that we can measure changes in the length of time it takes a consumer to become financial eligibility and the number of rejection for lack of required information.

Staff from the Department of Community Health-Medicaid is creating a way for the Long Term Care Connection (LTCC) staff to conduct Level of Care Determinations and input their decisions into the electronic system. At this time, mandatory referral is not being implemented, therefore, it was agreed that each LTCC will develop agreements (Memorandum of Understanding) with Medicaid providers that will allow them conduct the LOC and access the system. DCH will send a policy bulletin to providers explaining the change and the benefits.

The Functions workgroup reviewed a first draft of standards that builds on the RFP and work plan statements and further defines options counseling, including some of the processes. The draft was created using the person centered materials and thinking that has evolved through the "action league." The standards will include LTCC staff conducting Level of Care determinations for Medicaid providers once a MOU is established.

Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

The Raise a Public Voice Campaign sought to inform people with disabilities, seniors and the general public about the current status of long-term care services in Michigan and the reform issues policy makers are considering. We sought consumers who are interested and willing to participate in the debate and policy discussions as individuals and in groups at the local and state levels.

Outcome

The Consumer Consortium Campaign to inform and raise consumer voices through participation in long-term care policy issues has been a great success. Many consumers actively participated in hearings, conferences, workgroups, and forums regarding long-term care policy issues and debates who would not have participated without the support of the Consumer Consortium. Local groups supported by the Consortium took initiative to educate their communities about long-term care reform.

Summary of Major Specific Activities and Accomplishments

Inform consumers and families of LTC issues and engage them in State and local planning

- The Consortium recruited and supported over 20 LTC consumers to participate in the LTC conference held in March 2006.
- Under Consortium sponsorship 12 consumers were able to travel to Lansing to testify at the hearings regarding the Single Point of Entry
- The Consumer Consortium recruited and supported at least 10 consumers to participate in the Consumer Task Force of the New Freedom Initiative grants.
- The Consortium supported several individuals to testify about long-term care reform to various state and local governmental bodies.
- Through Centers for Independent Living and other disability advocacy organizations, 3 local groups were directly supported for action in their local communities. Support was also provided to ADAPT Michigan and the Ann Arbor chapter of ADAPT.
- Consortium consumer staff facilitated DN/M (MACIL) LTC Work Group and helped inform and encourage engagement in the long-term care reform discussions. See highlights of group reports below.
- 2 Community Consortium newsletters were published in 05-06 and a final one with information regarding LTC will be issued. Over 300 individuals signed-up to receive updates on happenings regarding long-term care reform.
- Long-Term Care reform presentations were made at over 10 conferences to over 1000 people, including a national AARP site visit, the LTC conference (5 workshops), the DD Council Self-Determination conference, the AAAA conference, the Mental Health and Aging conference, the Disability Resource Center Annual Meeting in Kalamazoo, and the MAHSA conference.

- The Consortium recruited and supported 3 consumers to participate in the annual CMS New Freedom Initiative conference.
- Consortium staff developed and tested a 6-week course on LTC Reform for the Learning in Retirement Program at Turner Geriatric Center in Ann Arbor.

Establish a cohesive advocacy consortium to produce input that drives system changes (Community Consortium for Advocacy and Technical Assistance)

- The Consumer Consortium provided facilitation to the Olmstead Coalition, an ongoing group of more than 27 organizations whose membership consists of seasoned advocates from both the aging and disability rights communities.
 - The coalition membership achieved or produced:
 - A set of principles for Managed Long-Term Care.
 - Facilitated discussions on issues of licensing.
 - Discussions on global budgeting in LTC.
 - Advocacy results from meetings with Medicaid Director, Paul Reinhart included funding for 4 transition coordinators and an internal proposal to increase the number of sprinklers in nursing facilities.
- The Community Consortium consumer staff participated in a Press Conference regarding the development of SPEs.

Engage the full spectrum of stakeholders in problem analysis and planning through an LTC Community Roundtable

- The Governor-appointed LTC Commission duplicated this effort. Two MDRC staff and LTC consumers actively participated on the Commission.
- Consortium/MDRC consumer staff have participated in internal MDCH planning meetings concerning the implementation of the Task Force recommendations, ADRC, Cash and Counseling, Independence Plus and MFP grants and the implementation of the four SPEs.
- The AARP Coordinated Campaign continues to host an effort to engage all LTC stakeholders in implementing the Task Force recommendations producing a four-point message regarding LTC reform.

Create local consumer/family consortia to provide input that drives local system development

- The Consortium distributed 3 mini-grants to grassroots groups in local communities to
 - Conduct action at the local level regarding long-term care reform.
 - Provide education events regarding long term care in their local communities to the public and their elected representatives.
- The following table describes the activities and accomplishments of the grantees:

Mini-grant Overview

Organization	Accomplishments	Legislators or representatives
Disability Advocates of Kent County	<ul style="list-style-type: none"> ➤ Held monthly meetings of consumers (6 members) and kept another 40-50 consumers and other interested parties informed via an email list. ➤ Actively participated in a number of actions that increased community awareness for support of independent living and choice by people with disabilities and increased the membership of the workgroup. ➤ Radio interviews educating on long term care reform and single point of entry legislation. ➤ Testified before Senior Health-Security and Retirement Committee to educate on SPE legislation ➤ Met individually with State Representative in support of SPE legislation. ➤ Networked with local progressive grassroots groups interested in a variety of issues to make them aware of (and support) long-term care reform. ➤ Worked with local housing non-profit to expand affordable and accessible housing. ➤ Attended Disability Pride Day in Hillsdale to press Rep. Caswell to support home and community based services. As a result of that picnic we got coverage in Hillsdale newspaper and identified local consumers who depend on publicly supported long-term care. 	Yes – local state bipartisan legislators

<p>The Disability Network (Genessee County)</p>	<ul style="list-style-type: none"> ➤ Held monthly meetings with their Leadership for Action group whose members (6-10 members) include consumers and agency representatives from the community. ➤ Educated legislators about Single Point of Entry legislation at the TDN legislative breakfast, ➤ Met individually with legislators to educate them about SPE legislation. ➤ Provided testimony at a Town Hall hosted by the State Office of Services to the Aging supporting the need for long-term care reform. ➤ Attended the House subcommittee hearings on SPE (ready to testify, but not enough time.) ➤ Presented at LTC Conference – session on supporting local consumer action groups. 	<p>Yes – local state bipartisan legislators</p>
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<p>Center for Community Access</p>	<ul style="list-style-type: none"> ➤ This is an all volunteer group of consumers (4-8) that meet monthly, sometimes joined by professional providers or advocates such as SEIU. ➤ Provided public comment to the Detroit City Council in support of long-term care reform and nursing home transition. ➤ Individual meetings with legislators in support of SPE legislation. ➤ Participate in Consumer Task Force to increase our knowledge of current reform efforts and bring it back to the greater Detroit community. ➤ Organized 5 consumers from Detroit area to attend LTC Conference to increase the knowledge of consumers regarding LTC reform. ➤ Presented at LTC Conference – session on supporting local action groups. ➤ Applied to serve on Detroit SPE advisory committee ➤ Participated in the CMS New Freedom Initiative conference where we demonstrated Michigan’s commitment to assuring a consumer voice be present in long-term care reform to Melissa Hulbert, Director, Division of Advocacy and Special Initiatives/ Centers for Medicaid and State Operations 	<p>Yes – local state bipartisan legislators</p>
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Barriers Lessons Learned

Developing and supporting consumer participation in both local and statewide activity takes devoted time and effort. Support for consumer engagement must take some priority and be assigned value at both the local and state level.

In both the disability and aging communities physical and emotional health of individuals may swiftly influence the level of participation of both individuals and groups. Support needs may vary from resources for transportation and stipends to assistance with logistics to intense emotional and physical support.

It continues to be a challenge to recruit and engage consumers in the aging community who are interested in becoming active in the long-term care arena. Many who might agree to become active are not available during the winter when they leave the state, thus, losing continuity with the ever changing landscape of reform. Like the disability community they also experience health problems.

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Disability Advocates of Kent County	<ul style="list-style-type: none"> ➤ Held monthly meetings of consumers (6 members) and kept another 40-50 consumers and other interested parties informed via an email list. ➤ Actively participated in a number of actions that increased community awareness for support of independent living and choice by people with disabilities and increased the membership of the workgroup. ➤ Radio interviews educating on long term care reform and single point of entry legislation. ➤ Testified before Senior Health-Security and Retirement Committee to educate on SPE legislation ➤ Met individually with State Representative in support of SPE legislation. ➤ Networked with local progressive grassroots groups interested in a variety of issues to make them aware of (and support) long-term care reform. ➤ Worked with local housing non-profit to expand affordable and accessible housing. ➤ Attended Disability Pride Day in Hillsdale to press Rep. Caswell to support home and community based services. As a result of that picnic we got coverage in Hillsdale newspaper and identified local consumers who depend on publicly supported long-term care. 	Yes – local state bipartisan legislators

<p>The Disability Network (Genessee County)</p>	<ul style="list-style-type: none"> ➤ Held monthly meetings with their Leadership for Action group whose members (6-10 members) include consumers and agency representatives from the community. ➤ Educated legislators about Single Point of Entry legislation at the TDN legislative breakfast, ➤ Met individually with legislators to educate them about SPE legislation. ➤ Provided testimony at a Town Hall hosted by the State Office of Services to the Aging supporting the need for long-term care reform. ➤ Attended the House subcommittee hearings on SPE (ready to testify, but not enough time.) ➤ Presented at LTC Conference – session on supporting local consumer action groups. 	<p>Yes – local state bipartisan legislators</p>
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<p>Center for Community Access</p>	<ul style="list-style-type: none"> ➤ This is an all volunteer group of consumers (4-8) that meet monthly, sometimes joined by professional providers or advocates such as SEIU. ➤ Provided public comment to the Detroit City Council in support of long-term care reform and nursing home transition. ➤ Individual meetings with legislators in support of SPE legislation. ➤ Participate in Consumer Task Force to increase our knowledge of current reform efforts and bring it back to the greater Detroit community. ➤ Organized 5 consumers from Detroit area to attend LTC Conference to increase the knowledge of consumers regarding LTC reform. ➤ Presented at LTC Conference – session on supporting local action groups. ➤ Applied to serve on Detroit SPE advisory committee ➤ Participated in the CMS New Freedom Initiative conference where we demonstrated Michigan’s commitment to assuring a consumer voice be present in long-term care reform to Melissa Hulbert, Director, Division of Advocacy and Special Initiatives/ Centers for Medicaid and State Operations 	<p>Yes – local state bipartisan legislators</p>
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Barriers Lessons Learned

Developing and supporting consumer participation in both local and statewide activity takes devoted time and effort. Support for consumer engagement must take some priority and be assigned value at both the local and state level.

In both the disability and aging communities physical and emotional health of individuals may swiftly influence the level of participation of both individuals and groups. Support needs may vary from resources for transportation and stipends to assistance with logistics to intense emotional and physical support.

It continues to be a challenge to recruit and engage consumers in the aging community who are interested in becoming active in the long-term care arena. Many who might agree to become active are not available during the winter when they leave the state, thus, losing continuity with the ever changing landscape of reform. Like the disability community they also experience health problems.

Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

The Raise a Public Voice Campaign sought to inform people with disabilities, seniors and the general public about the current status of long-term care services in Michigan and the reform issues policy makers are considering. We sought consumers who are interested and willing to participate in the debate and policy discussions as individuals and in groups at the local and state levels.

Outcome

The Consumer Consortium Campaign to inform and raise consumer voices through participation in long-term care policy issues has been a great success. Many consumers actively participated in hearings, conferences, workgroups, and forums regarding long-term care policy issues and debates who would not have participated without the support of the Consumer Consortium. Local groups supported by the Consortium took initiative to educate their communities about long-term care reform.

Summary of Major Specific Activities and Accomplishments

Inform consumers and families of LTC issues and engage them in State and local planning

- The Consortium recruited and supported over 20 LTC consumers to participate in the LTC conference held in March 2006.
- Under Consortium sponsorship 12 consumers were able to travel to Lansing to testify at the hearings regarding the Single Point of Entry
- The Consumer Consortium recruited and supported at least 10 consumers to participate in the Consumer Task Force of the New Freedom Initiative grants.
- The Consortium supported several individuals to testify about long-term care reform to various state and local governmental bodies.
- Through Centers for Independent Living and other disability advocacy organizations, 3 local groups were directly supported for action in their local communities. Support was also provided to ADAPT Michigan and the Ann Arbor chapter of ADAPT.
- Consortium consumer staff facilitated DN/M (MACIL) LTC Work Group and helped inform and encourage engagement in the long-term care reform discussions. See highlights of group reports below.
- 2 Community Consortium newsletters were published in 05-06 and a final one with information regarding LTC will be issued. Over 300 individuals signed-up to receive updates on happenings regarding long-term care reform.
- Long-Term Care reform presentations were made at over 10 conferences to over 1000 people, including a national AARP site visit, the LTC conference (5 workshops), the DD Council Self-Determination conference, the AAAA conference, the Mental Health and Aging conference, the Disability Resource Center Annual Meeting in Kalamazoo, and the MAHSA conference.

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Establish a cohesive advocacy consortium to produce input that drives system changes (Community Consortium for Advocacy and Technical Assistance)

- The Consumer Consortium provided facilitation to the Olmstead Coalition, an ongoing group of more than 27 organizations whose membership consists of seasoned advocates from both the aging and disability rights communities.
 - The coalition membership achieved or produced:
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Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

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Summary of Major Specific Activities and Accomplishments

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- The Consumer Consortium provided facilitation to the Olmstead Coalition, an ongoing group of more than 27 organizations whose membership consists of seasoned advocates from both the aging and disability rights communities.
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- The Governor-appointed LTC Commission duplicated this effort. Two MDRC staff and LTC consumers actively participated on the Commission.
- Consortium/MDRC consumer staff have participated in internal MDCH planning meetings concerning the implementation of the Task Force recommendations, ADRC, Cash and Counseling, Independence Plus and MFP grants and the implementation of the four SPEs.
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 - Conduct action at the local level regarding long-term care reform.
 - Provide education events regarding long term care in their local communities to the public and their elected representatives.
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Mini-grant Overview

Organization	Accomplishments	Legislators or representatives
Disability Advocates of Kent County	<ul style="list-style-type: none"> ➤ Held monthly meetings of consumers (6 members) and kept another 40-50 consumers and other interested parties informed via an email list. ➤ Actively participated in a number of actions that increased community awareness for support of independent living and choice by people with disabilities and increased the membership of the workgroup. ➤ Radio interviews educating on long term care reform and single point of entry legislation. ➤ Testified before Senior Health-Security and Retirement Committee to educate on SPE legislation ➤ Met individually with State Representative in support of SPE legislation. ➤ Networked with local progressive grassroots groups interested in a variety of issues to make them aware of (and support) long-term care reform. ➤ Worked with local housing non-profit to expand affordable and accessible housing. ➤ Attended Disability Pride Day in Hillsdale to press Rep. Caswell to support home and community based services. As a result of that picnic we got coverage in Hillsdale newspaper and identified local consumers who depend on publicly supported long-term care. 	Yes – local state bipartisan legislators

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Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

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 - Conduct action at the local level regarding long-term care reform.
 - Provide education events regarding long term care in their local communities to the public and their elected representatives.
- The following table describes the activities and accomplishments of the grantees:

Mini-grant Overview

Organization	Accomplishments	Legislators or representatives
Disability Advocates of Kent County	<ul style="list-style-type: none"> ➤ Held monthly meetings of consumers (6 members) and kept another 40-50 consumers and other interested parties informed via an email list. ➤ Actively participated in a number of actions that increased community awareness for support of independent living and choice by people with disabilities and increased the membership of the workgroup. ➤ Radio interviews educating on long term care reform and single point of entry legislation. ➤ Testified before Senior Health-Security and Retirement Committee to educate on SPE legislation ➤ Met individually with State Representative in support of SPE legislation. ➤ Networked with local progressive grassroots groups interested in a variety of issues to make them aware of (and support) long-term care reform. ➤ Worked with local housing non-profit to expand affordable and accessible housing. ➤ Attended Disability Pride Day in Hillsdale to press Rep. Caswell to support home and community based services. As a result of that picnic we got coverage in Hillsdale newspaper and identified local consumers who depend on publicly supported long-term care. 	Yes – local state bipartisan legislators

<p>The Disability Network (Genessee County)</p>	<ul style="list-style-type: none"> ➤ Held monthly meetings with their Leadership for Action group whose members (6-10 members) include consumers and agency representatives from the community. ➤ Educated legislators about Single Point of Entry legislation at the TDN legislative breakfast, ➤ Met individually with legislators to educate them about SPE legislation. ➤ Provided testimony at a Town Hall hosted by the State Office of Services to the Aging supporting the need for long-term care reform. ➤ Attended the House subcommittee hearings on SPE (ready to testify, but not enough time.) ➤ Presented at LTC Conference – session on supporting local consumer action groups. 	<p>Yes – local state bipartisan legislators</p>
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Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

The Raise a Public Voice Campaign sought to inform people with disabilities, seniors and the general public about the current status of long-term care services in Michigan and the reform issues policy makers are considering. We sought consumers who are interested and willing to participate in the debate and policy discussions as individuals and in groups at the local and state levels.

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Summary of Major Specific Activities and Accomplishments

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Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

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- The Consortium recruited and supported over 20 LTC consumers to participate in the LTC conference held in March 2006.
- Under Consortium sponsorship 12 consumers were able to travel to Lansing to testify at the hearings regarding the Single Point of Entry
- The Consumer Consortium recruited and supported at least 10 consumers to participate in the Consumer Task Force of the New Freedom Initiative grants.
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- The Consumer Consortium provided facilitation to the Olmstead Coalition, an ongoing group of more than 27 organizations whose membership consists of seasoned advocates from both the aging and disability rights communities.
 - The coalition membership achieved or produced:
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 - Facilitated discussions on issues of licensing.
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Organization	Accomplishments	Legislators or representatives
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Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

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Barriers Lessons Learned

Developing and supporting consumer participation in both local and statewide activity takes devoted time and effort. Support for consumer engagement must take some priority and be assigned value at both the local and state level.

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It continues to be a challenge to recruit and engage consumers in the aging community who are interested in becoming active in the long-term care arena. Many who might agree to become active are not available during the winter when they leave the state, thus, losing continuity with the ever changing landscape of reform. Like the disability community they also experience health problems.

Money Follows the Person – The Consumer Consortium’s Raise a Public Voice Campaign MDRC 05-06 Report

Overview

The Raise a Public Voice Campaign sought to inform people with disabilities, seniors and the general public about the current status of long-term care services in Michigan and the reform issues policy makers are considering. We sought consumers who are interested and willing to participate in the debate and policy discussions as individuals and in groups at the local and state levels.

Outcome

The Consumer Consortium Campaign to inform and raise consumer voices through participation in long-term care policy issues has been a great success. Many consumers actively participated in hearings, conferences, workgroups, and forums regarding long-term care policy issues and debates who would not have participated without the support of the Consumer Consortium. Local groups supported by the Consortium took initiative to educate their communities about long-term care reform.

Summary of Major Specific Activities and Accomplishments

Inform consumers and families of LTC issues and engage them in State and local planning

- The Consortium recruited and supported over 20 LTC consumers to participate in the LTC conference held in March 2006.
- Under Consortium sponsorship 12 consumers were able to travel to Lansing to testify at the hearings regarding the Single Point of Entry
- The Consumer Consortium recruited and supported at least 10 consumers to participate in the Consumer Task Force of the New Freedom Initiative grants.
- The Consortium supported several individuals to testify about long-term care reform to various state and local governmental bodies.
- Through Centers for Independent Living and other disability advocacy organizations, 3 local groups were directly supported for action in their local communities. Support was also provided to ADAPT Michigan and the Ann Arbor chapter of ADAPT.
- Consortium consumer staff facilitated DN/M (MACIL) LTC Work Group and helped inform and encourage engagement in the long-term care reform discussions. See highlights of group reports below.
- 2 Community Consortium newsletters were published in 05-06 and a final one with information regarding LTC will be issued. Over 300 individuals signed-up to receive updates on happenings regarding long-term care reform.
- Long-Term Care reform presentations were made at over 10 conferences to over 1000 people, including a national AARP site visit, the LTC conference (5 workshops), the DD Council Self-Determination conference, the AAAA conference, the Mental Health and Aging conference, the Disability Resource Center Annual Meeting in Kalamazoo, and the MAHSA conference.

- The Consortium recruited and supported 3 consumers to participate in the annual CMS New Freedom Initiative conference.
- Consortium staff developed and tested a 6-week course on LTC Reform for the Learning in Retirement Program at Turner Geriatric Center in Ann Arbor.

Establish a cohesive advocacy consortium to produce input that drives system changes (Community Consortium for Advocacy and Technical Assistance)

- The Consumer Consortium provided facilitation to the Olmstead Coalition, an ongoing group of more than 27 organizations whose membership consists of seasoned advocates from both the aging and disability rights communities.
 - The coalition membership achieved or produced:
 - A set of principles for Managed Long-Term Care.
 - Facilitated discussions on issues of licensing.
 - Discussions on global budgeting in LTC.
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Engage the full spectrum of stakeholders in problem analysis and planning through an LTC Community Roundtable

- The Governor-appointed LTC Commission duplicated this effort. Two MDRC staff and LTC consumers actively participated on the Commission.
- Consortium/MDRC consumer staff have participated in internal MDCH planning meetings concerning the implementation of the Task Force recommendations, ADRC, Cash and Counseling, Independence Plus and MFP grants and the implementation of the four SPEs.
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Create local consumer/family consortia to provide input that drives local system development

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CONSUMER TASK FORCE MEETINGS
2007

MICHIGAN ASSOCIATION OF COMMUNITY
MENTAL HEALTH BOARDS*
426 SOUTH WALNUT STREET
LANSING, MI

JANUARY 23, 2007

JULY 24, 2007

FEBRUARY 27, 2007

AUGUST 28, 2007

MARCH 27, 2007

SEPTEMBER 25, 2007

APRIL 24, 2007

OCTOBER 23, 2007

MAY 22, 2007

NOVEMBER 27, 2007

NOTE: This is the 3rd Tuesday due to the holiday

JUNE 26, 2007

DECEMBER 18, 2007

NOTE: This is the 3rd Tuesday due to the holiday

* Location Subject to Change with Advance Notice

Dial-in number: 1-866-844-4957, Pass Code: 9656170#

DCH Contact:

Jackie Tichnell

517-335-7803

tichnellj@michigan.gov

Michigan Department of Community Health
Office of Long-Term Care Supports & Services
Single Point of Entry Informational Forum
September 25, 2006

Participant Questions and Responses

Person Centered Planning

- Q1** For consumers eligible for Medicaid, at what level of the system will a thorough assessment be performed (SPE level or LTC program level) and at what level will a PCP be developed (SPE level or LTC program level)?
- A1** Refer to questions 17, 18 and 19 of the 8/28/2006 Q&A for clarification of the difference between options counseling and supports coordination. Thorough assessment is and will remain a function of supports coordination. As such, it is performed at the LTC program level. Person centered planning is a process that will start during options counseling at the SPE level and carry over into the LTC program level. Options counselors will assist consumers in developing a general support plan with a desired mix of services. That plan then becomes the basis for ongoing planning and service delivery.
- Q2** How do advocates currently not in an SPE area get involved in the development of PCP guidelines and related best practices so we can more readily partner when additional SPEs are developed?
- A2** A person centered planning discovery process is underway as part of the Robert Wood Johnson Self-Determination in Long Term Care Project that involves staff of four MI Choice waiver agencies. Their effort is focused solely on PCP in community-based care and does not address the provision of PCP in licensed facilities. This group is developing draft guidelines and training curriculum that will serve as the PCP foundation in the SPE demonstrations. Guidelines will be circulated for comment in the near future. Individuals with a strong interest in participating but are not in an SPE area, should contact the office.

Evaluation

- Q3** Since many long term care consumers have cognitive and/or speech disabilities, how will evaluations be conducted, in order to get the feedback from as many primary consumers as possible?
- A3** Technologies exist to enhance communication for consumers with speaking impairments. For those with cognitive impairment, getting feedback will be considerably more difficult. Alternative methods of communication will need to be used, such as seeking feedback from a surrogate who is identified by the consumer as someone who knows the consumer well and is involved in the day-to-day activity of his/her life.

Staffing

- Q4** When hiring employees to staff SPEs, please consider rehabilitation counselors as well as social workers. Rehabilitation counselors work with people with disabilities and have a great interest in long term care and nursing home transition.
- A4** Hiring decisions will be left to the SPEs. There is no requirement that SPE staff must be social workers.

Options Counseling

- Q5** Options counseling is only as good as the options available. What is happening to remove the cap on waiver slots?
- A5** The flexibility of providing more waiver slots is much more restricted with the FY 2007 appropriations for budget that unrolls the long term care financing line item. Addressing this will be a priority in the next budget development cycle. As well, department is exploring closely what alternatives it can effect this year.
- Q6** Will there be a minimum set of criteria for options counselors? Who will develop the criteria?
- A6** The Functions Workgroup, which includes representation from each of the four demonstration sites, is in the process of developing staffing criteria that will be presented to the office for review and approval. The State will assure that options counselors are consistently trained across sites.
- Q7** Will options counselors have flexibility of work schedules?
- A7** The SPE contract contains requirements that persons be available to accommodate the region's access needs. This will require flexibility in staffing. Accessibility will be an element of the evaluation of the SPE demonstration projects.

Service Needs for Persons with Traumatic Brain Injury

- Q8** How will the very specific needs of persons with a traumatic brain injury (TBI) be met by the SPE agencies?
- A8** The Information and Assistance staff and the Options Counselors will be knowledgeable of the full continuum of long term care service options available, including targeted programs such as those that serve individuals with TBI. SPE staff will be able to provide information about service and eligibility, as well as assist persons with accessing programs that meet their needs.

Board Composition

- Q9** Will long term care providers be included in any portion of the development of the LTC Connection (SPE)? How do we become an active member?
- A9** Local Long-Term Care Connections - - SPEs - - are working toward developing collaborative agreements with providers in their areas, but they are just getting underway with this work, SPEs are encouraged to convene at least quarterly meetings with providers. At least one is already creating a database of provider contacts to ensure their input is solicited. Interested providers are urged to contact the SPE directly to learn how your agency might become involved at the local level.
- Q10** Regarding the Board composition, why do you have a home health association representative effectively providing input regarding home and community-based service options but not a representative or input from a facility-based service provider? Hopefully this is not indicative of an innate bias against facility-based options.
- A10** The requirements for SPE Board membership prohibit members from being Medicaid service providers. This contractual requirement will be enforced by the Department.
- Q11** Is the Health Care Association of Michigan (HCAM) and the Michigan Association of Home and Services to the Aging (MAHSA) represented?
- A11** These associations are represented on the Long-Term Care Task Force, the SPE Request for Proposals, and there are Commission members who will be working with the Department to develop the SPE evaluation methodology. The SPEs should establish contact and develop local level collaboration with these associations. Providers are encouraged to contact the Executive Directors of the SPEs.

Miscellaneous

- Q12** A concern about using 211 is that there is a significant difference for consumers when they are getting I&R/A from a person who has a specialty in long term care versus basic I&R/A. To what extent will 211 agencies be involved in I&R and options counseling, and what will requirements be for training of 211?
- A12** While there is a common element of expertise, 211 generally does not provide the type of specialized I&A and options counseling that will be provided through the SPE. In those areas where 211 takes the initial call, triage protocol (to be developed) will determine how individual calls will be handled.
- Q13** May we have the membership lists for each workgroup including the affiliation of the members?

- A13** This may be possible via the web page (www.michigan.gov/ltc) , or upon request. The groups change as the process develops, so it may be difficult to provide a comprehensive, static list. At the local level, the SPEs will use their governing and advisory boards. Specialized staff (e.g., representatives from the Alzheimer’s community) will be contacted when necessary and appropriate.
- Q14** What does PIHP mean? An acronym list would be helpful.
- A14** PIHP means “prepaid inpatient health plan.” This is the acronym for the Community Mental Health Program’s managed care plan.
- Q15** Is the long term care web site available?
- A15** The Office of LTC Supports and Services recently took control of an existing web site (www.michigan.gov/ltc) and is in the process of updating/revising it. Information on the various initiatives coordinated by the Office will be available in the near future.
- Q16** Are there local SPE web sites?
- A16** Not at this time, however, each is expected to have a web presence in the future.
- Q17** What is a person’s recourse if the SPE does not communicate with those who want to participate in the development/planning process?
- A17** SPEs are contractually required to have a complaint process. Affected parties may also contact the Office of Long-Term Care Supports and Services directly if not satisfied with local response.
- Q18** Nursing facilities at the local level need a contact person and methods for input in decision making. Who would that person be?
- A18** The Executive Director of the SPE is the appropriate contact person. The State is working on a methodology for meaningful input in the decision making process for all stakeholders. The Southwest Michigan Long-Term Care Connection is planning “Meet and Greet” sessions with providers and organizations. All workgroups should have broad representation including nursing facilities. West Michigan Long-Term Care Connection has approximately a dozen nursing facilities already included in their development processes and workgroups. Craig Bradley, at the Detroit Long-Term Care Connection is the contact person for that area.
- Q19** If providers are involved in the policy development process, how does the SPE control for conflict of interest?
- A19** Consumers and advocates are needed for the governing and advisory boards. It is not the intent of the State or the SPE to turn the policy-making process over to providers.

- Q20** Is Money Follows the Person (MFP) part of the SPE?
- A20** MFP is not part of the SPE at this time. Without a specific line item, Money Follows the Person will be harder to accomplish in the current budget. The Deficit Reduction Act, Money Follows the Person grant may help.
- Q21** Will assisted living facilities be an option?
- A21** Assisted living facilities are not an option in the current MIChoice waiver. The State may consider an assisted living specialized residential rate as an additional service with the upcoming renewal.
- Q22** Will the MI Choice waiting list policy be revised?
- A22** At this time, there is no plan to revise the MI Choice waiting list policy in relation to the SPE demonstration projects. However, if MI Choice Waiver slots are made available for SPE use, there will be a need to assure that there is an overall policy that addresses priorities for waiver access across both the waiting lists and the SPEs.
- Q23** How will the SPEs vary in working with people?
- A23** It is desirable that SPEs will have the same responses statewide. Approach may differ (e.g., urban vs. rural issues) but the responses should be the same. Consistent response will be tracked and evaluated.



**YOU ARE INVITED TO ATTEND
THE
MICHIGAN
LONG-TERM CARE CONNECTION
("SINGLE POINT OF ENTRY")
INFORMATIONAL FORUMS**

November 27, 2006

Michigan Library & Historical Center, Auditorium

702 West Kalamazoo, Lansing, Michigan

(Directions on back)

10:00 am – Noon

An informational session for stakeholders and persons interested in learning about the newly forming Michigan Long-Term Care Connection (Single Point of Entry) for long-term care services in Michigan. Presentations will be followed by a question and answer period.

**Sponsored by the Office of Long-Term Care Supports & Services
Michigan Department of Community Health**

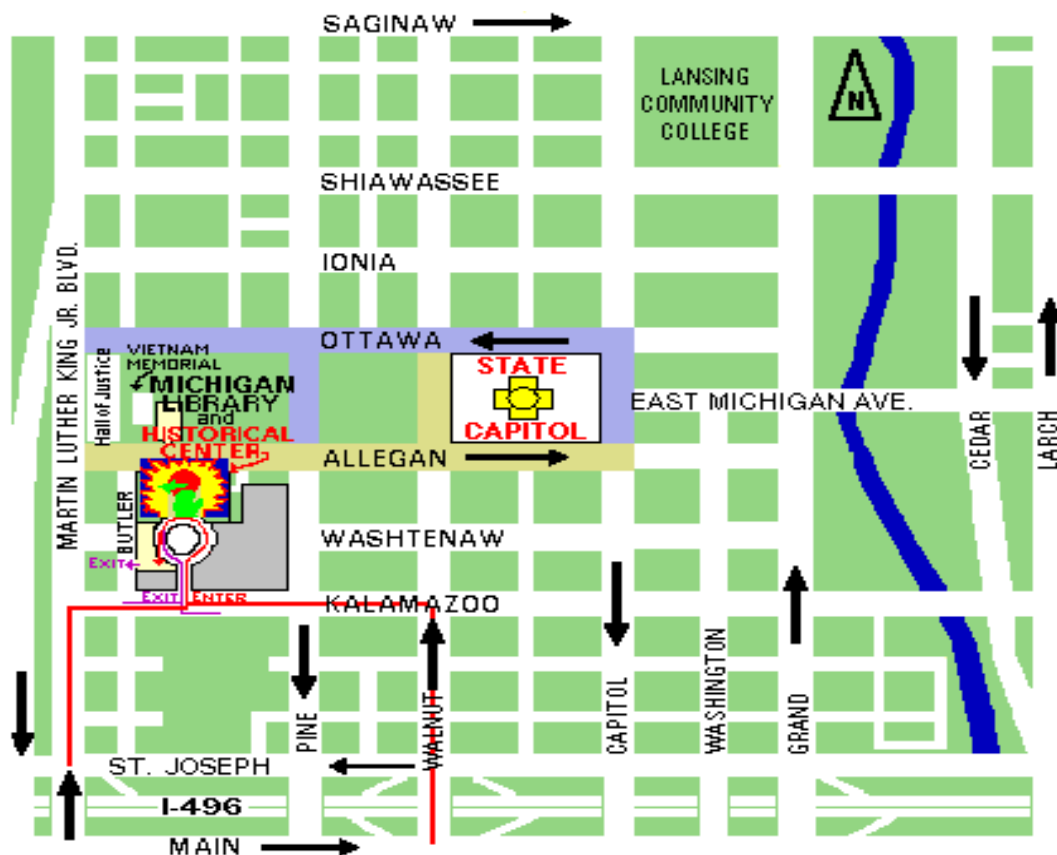
For More Information: 517.373.3860 or thelen@michigan.gov **RSVP not required.**

The Michigan Long-Term Care Connection (Single Point of Entry) will be a highly-visible and trusted source of information and assistance about long-term care, aiding Michigan residents with planning and access to needed services & supports, in accordance with their preferences.

November 27, Michigan Library & Historical Center Auditorium

702 West Kalamazoo, Lansing, Michigan

The Michigan Library and Historical Center visitor parking is on the north side of Kalamazoo Street, two blocks east of M. L. King Jr. Boulevard.



Michigan's Money Follows the Person Demonstration Grant Proposal
Office of Long-Term Care Supports and Services
Michigan Department of Community Health
October, 2006

Current Transition Options. Michigan currently provides transition services as service within the MI Choice waiver for elderly and people with disabilities. This includes support coordination and assistance with setting up housekeeping and resolving other one-time financial barriers to returning to community living. In addition, MDCH contracts with The Disability Network to administer four staffing contracts for transition coordinators. Civil Monetary Funds are used for services when the individual does not transition to the MI Choice waiver.

Barriers. Numerous barriers inhibit the movement from nursing facilities to community living. The lack of affordable, accessible housing is a major barrier for many individuals. The level of funding for the MI Choice waiver makes it difficult to support individuals with complex or extensive needs. Also, as a relatively new service, many communities do not have providers with experience in transition services or the interagency relations with nursing facilities and other providers that are important for effective coordination of transitions.

Project Design

Planning. The MFP Demonstration grant provides an opportunity to engage consumers and other stakeholders in developing an “operational protocol” for Michigan’s transition services, i.e. a plan for resolving barriers ensuring the availability of effective transition services. It is also an opportunity to build the relationships and share the information necessary for effective community collaboration. The grant also requires participation in a national evaluation, which will be valuable to further development of policy and practices.

Transitions. Michigan’s plan will build on the current transition activity and address some of the barriers to providing transition services. The grant would allow Michigan to receive the enhanced federal funding for much of the current transition activity conducted by the MI Choice waiver. The enhanced funding will allow waiver agents to better meet the greater service needs of many of the individuals transitioned. The implementation would follow the 9-month planning period, with annual transition goals of 100 in 2007, 400 in 2008, 500 in 2009, 700 in 2010, and 800 in 2011. Total for the 5-year project: 2,500.

Housing. In order to address the housing barriers, the project will analyze the potential for adding to the MI Choice waiver the option to provide services in licensed settings. If this is a viable option, the necessary waiver amendment will be developed with implementation possible in 2009. The project will also support Housing Coordinator positions in the Single Point of Entry agencies. The positions would be phased-in from the four current SPEs to eventual statewide coverage. The Housing Coordinators would work with local providers, housing authorities and government entities to advance access to current options and the development of additional housing options.

Administration. The grant will include a Project Director, an Evaluation Analyst and a .5 FTE Administrative Support position. Funds will be available to support consumer participation in the planning and implementation phases of the project.

REQUIRED ATTACHMENTS (Final Version)
Money Follows the Person
DRAFT 10/23/06
State Profile and Summary of Project

Name of State: Michigan

Primary Contact Name and Title: Michael J. Head, Director, Office of LTC Supports & Services

Year of Demonstration: 2007-2011

Populations to be transitioned (unduplicated count)	Elderly	Mental Retardation/ Developmental Disability	Physical Disability (PD)	Mental Illness (MI)	Dual Diagnosis: _____ (fill in)
Estimated number of individuals to be transitioned	1,250		1,250		
Statewide (SW) or Not Statewide (NSW)	Statewide		Statewide		
Qualified Institutional Settings*	A, B		A, B		
Qualified Community Settings**	A, B, C		A, B, C		
Qualified HCB Services	MI Choice waiver: Transition services, self-determination options, fiscal intermediary services, goods and services, homemaker, respite, adult day care, environmental modifications, transportation, medical supplies \$ equipment, chore services, personal emergency response systems, private duty nursing, counseling, home delivered meals, training, and personal care supervision. Home Help Program: State Plan personal care services		Same as “elderly”		
HCB Demonstration Services	None				

Populations to be transitioned (unduplicated count)	Elderly	Mental Retardation/ Developmental Disability	Physical Disability (PD)	Mental Illness (MI)	Dual Diagnosis: _____ (fill in)
Supplemental Demonstration Services	Housing Coordination Services		Housing Coordination Services		

* Please indicate one or more from the list. Do not list names of actual facilities. **a).** Hospital; **b).** Nursing Home; **c).** ICF/MR; **d).** IMDs)

** Please indicate if participants are moving to: **a).** Homes owned or leased by the individual or the individual's family member; **b).** Apartment with individual leases, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or individual's family has domain and control; **c).** Residences, in a community-based residential setting, in which no more than four unrelated individuals reside.

Budget and Maintenance of Effort (MOE) Forms

Money Follows the Person Demonstration Grant <u>Budget Estimate Presentation</u> Demonstration Funding Request						
Fiscal Year	Qualified HCBS program services (demonstration share at enhanced FMAP) *of ____%	Demonstration HCBS services (demonstration share at enhanced FMAP) **of ____%	Supplemental Demonstration Service Costs (demonstration share at regular FMAP) ***of ____%	Administrative Costs and Evaluation Costs (at 50% admin FMAP rate)	State Proposed Evaluation Costs (at 50% admin FMAP rate)	Total FY Estimated Funding Request
2007	\$1,514,714		\$132,444	\$242,750		\$
2008	6,459,040		407,862	714,400		\$
2009	8,506,325		543,816	860,000		\$
2010	12,514,390		679,770	1,152,000		\$
2011	14,994,200		815,724	1,298,000		\$
TOTAL:	\$43,988,669	\$	\$2,579,616	\$4,267,150	\$	\$50,835,435

*Total service costs for qualified HCBS program – State share

**Total service costs for demonstration HCBS services – State share

***Total Service Costs for supplemental elect services – State share

Money Follows the Person Demonstration Grant <i>Maintenance of Effort – Long-Term Care Services</i>		
Fiscal Year	% of Long Term-Care Institutional Expenditures	% of Long-Term Care HCBS Expenditures
2005		
2006		
2007	-----	-----
2008	-----	-----
2009	-----	-----
2010	-----	-----
2011	-----	-----

Only fill in cells that are blank and available. Other cells will be filled-in in future years. Data should correspond to detailed MOE chart that will be posted on Oct 23. .